



# UNITED PROGRAM CONSOLIDATED FORM

**CITY OF ANAHEIM FIRE DEPARTMENT  
HAZARDOUS MATERIALS SECTION**  
201 S. ANAHEIM BOULEVARD, SUITE 300, ANAHEIM, CA 92805  
PHONE: (714) 765-4040 FAX: (714) 765-4608

## HAZARDOUS MATERIALS BUSINESS PLAN CERTIFICATION STATEMENT

Facility Name: ALLIED PACIFIC METAL STAMPING INC

Address: 2951 E. LA PALMA AVENUE ANAHEIM 92806 Phone: 714 630 8145

Hazardous Materials Inventory (one year certification)	Consolidated Contingency/Emergency Plan (three year certification)
<p>The California Health &amp; Safety Code, Division 20, Chapter 6.95, Section 25503.3(c) provides the following:</p> <p>A business that handles/stores qualified hazardous materials shall review <u>AND</u> annually certify their hazardous materials inventory.</p> <p>A business may comply with this reporting requirement by submitting this certification statement to the Anaheim Fire Department by <u>March 1</u>.</p> <p>(Please check all applicable boxes)</p> <p><input checked="" type="checkbox"/> No changes are required.</p> <p><input type="checkbox"/> All changes have been made. Changes have been made and have been submitted on a: <input type="checkbox"/> Hazardous Materials Inventory form</p> <p>A business may not utilize this certification to meet the annual inventory submission requirements of the Emergency Planning and Community Right to Know Act (Section 11022, Title 42, United States Code). A new Hazardous Materials Inventory form is required for any chemical subject to this act.</p>	<p>The California Health &amp; Safety Code, Division 20, Chapter 6.95, Section 25505(c) provides the following:</p> <p>A business that handles/stores qualified hazardous materials shall review <u>AND</u> certify all documents within their Hazardous Material Business Plan (HMBP) triennially (every three years).</p> <p>A business may comply with this reporting requirement by submitting this certification statement to the Anaheim Fire Department by <u>March 1</u>.</p> <p>(Please check all applicable boxes)</p> <p><input checked="" type="checkbox"/> No changes are required.</p> <p><input type="checkbox"/> All changes have been made. Changes have been made and have been submitted on a: <input type="checkbox"/> Business Owner/Operator Identification form <input type="checkbox"/> Business Activities form <input type="checkbox"/> Site Map <input type="checkbox"/> Emergency Plan/Consolidated Contingency Plan</p> <p><b>OBSOLETE</b></p>

### CERTIFICATION

*As an authorized representative, I certify under penalty of law that I have personally examined the hazardous materials inventory and/or the Consolidated Contingency/Emergency Plan. I am familiar with the information submitted and believe the information is true, accurate and complete.*

Signature: William John Whittaker

Date: 10-18-07

Print Name: WILLIAM JOHN WHITTAKER

Title: PRESIDENT

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REVIEWED BY: JK

REVIEWED DATE: 10/16/07